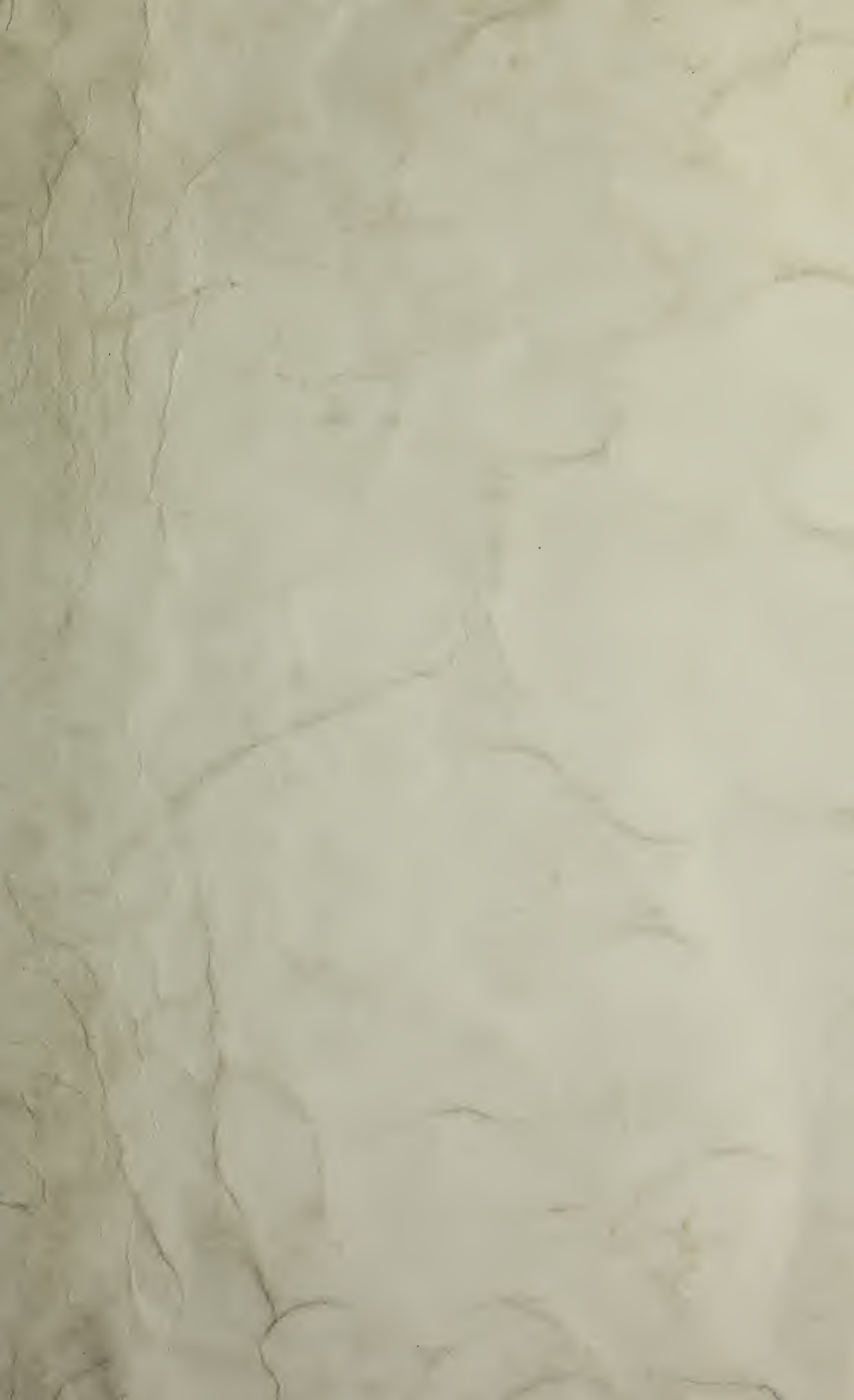
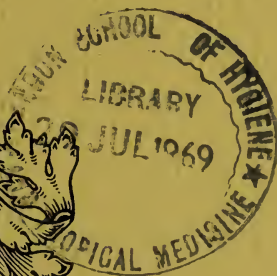




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FLINTSHIRE
EDUCATION COMMITTEE



REPORT

on the work of the

FLINTSHIRE

School Health Service

in relation to the year

1955

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EDUCATION COMMITTEE



REPORT
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FLINTSHIRE EDUCATION COMMITTEE.

County Health Offices,
Llwynegrin,
MOLD,

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen.

Although there were no fundamental changes in the School Health Service during 1955, considerable developments took place in several aspects of the Service.

Pupils at all schools in the County were medically examined in the various age groups, and in addition, the many other activities of the Service were carried out. These included the examination of handicapped pupils ; reports on school leavers to Youth Employment Officer ; medical examination of teachers, student teachers and canteen staff ; inspection of school premises ; sampling of school milk and commodities for school means ; and a considerable amount of health education.

I was concerned last year about the number of children found at school inspections, infested with vermin. Although the number has decreased in recent years, there was no improvement during the present year. During the year, 1,305 children were found infested, which represents 6.69 per cent. of all inspected. It was decided to establish cleansing clinics and these were commenced in October. It is hoped in this way to reduce the amount of infestation, and possibly deal with the "hard core" of infestation which is confined to a comparatively small number of families.

In the early part of the year, a sunlight clinic was opened at Shotton, which has been well attended by children from a wide area on Deeside.

I had hoped to commence B.C.G. vaccination of children between thirteen and fourteen years of age during the year, but the necessary preliminary arrangements could not be completed, and work will start early in 1956.

The Mass Radiography Unit visited the County during the year and school children over fourteen years of age had the opportunity of attending for examination. Teachers and canteen staff were also encouraged

to attend the Unit. A total of 4,317 pupils were examined ; one was found to be suffering from pulmonary tuberculosis, one from pneumonitis, one from bronchiectasis, and one was found to have healed pulmonary tuberculosis. I would like to thank the Head Teachers of Secondary Schools for their co-operation and help in connection with the visit of the Unit.

Strenuous efforts were made during the year to recruit dental staff, but with no response. At the end of the year, the staff comprised the Principal Dental Officer, one full-time Dental Officer and one part-time Dental Officer. In spite of this, a great deal of valuable work was done by the Dental Staff. Mr. A. Fielding, Principal Dental Officer, has done excellent work in utilising his meagre resources to the best possible advantage. The policy has been to spread the available service over the whole County, and during the year, Prestatyn Dental Clinic was brought into use, and work is proceeding to provide a temporary Dental Clinic at Fronfraith, Rhyl.

The work of ascertaining handicapped pupils has proceeded very satisfactorily during the year, and full details of the new cases ascertained are given in the report. It is quite obvious that there is an urgent need in Flintshire for a residential school for Educationally Sub-Normal pupils, as at present 72 pupils are in need of education in this type of school and have been on the waiting list for some time. The establishment of special classes for Educationally Sub-Normal pupils at day schools in the County has proved very valuable, and the teachers in charge of these classes deserve the greatest credit for the excellent work they do.

Though numerically the need of Educationally Sub-Normal children calls for urgent attention, the needs of other handicapped pupils are equally important. Vacancies can be obtained for certain groups of handicapped pupils such as blind and deaf, but it is extremely difficult to obtain vacancies for other groups such as physically handicapped and mal-adjusted. It is hoped to be able to obtain more places for the physically-handicapped in the near future, but the need of the mal-adjusted pupil is still urgent.

Handicapped pupils are now encouraged to attend ordinary schools or day special schools thus obviating the need for the child to leave home. Whenever possible, this had been done during the past year but this should not obscure the very urgent need of special residential schooling for children unsuitable for any other form of school.

This year, the Child Guidance Service were able, due to extra staff, to extend their field of usefulness. Not only were more children seen and treated at Child Guidance Clinics, but more home visits and school visits were undertaken. One feature of great importance was the devel-

opment of even closer ties than before with the teaching staff. This liaison is of mutual advantage to the teacher and the Child Guidance Staff, and has proved of great value to the teachers in charge of classes for Educationally Sub-Normal children in the primary and secondary schools.

During the year, special attention was given to school children from known "problem families." Though I do not like this term "problem families," it is a descriptive and well understood term for those families where the management of the home, and the standards of child care are poor. Many of the children from these homes present great problems at school due to infestation with vermin, truancy, deliberate absences due to parental pressure, lack of nutrition, and inadequate clothing and footwear. The medical staff and school nurses paid special attention to these children and endeavoured to help families and teachers with the many problems that they present. In this work, the School Attendance Officers also play a very important part, and a meeting was arranged between the School Attendance Officers and the Director of Education, where problems of common interest were discussed and agreement on the proposed methods of dealing with them arrived at.

Infectious diseases present a big problem in children of school age and cause a great deal of loss of schooling. Every effort has been made during the year to reduce this loss of schooling to the minimum. In this work, Dr. E. Pearse, Senior Medical Officer, did invaluable work in preparing a chart for head teachers, giving most of the information required on infectious diseases, including symptoms, periods of exclusion and whether exclusion was required for contacts. Many head teachers informed me immediately of an outbreak of infectious disease amongst pupils at school and the school was then visited and advice given on the exclusion of children, and those absent were kept under observation by the school nurse. A total of 914 cases of infectious disease were notified during the year amongst children in the age group 5 - 14 years. Of these nine were cases of poliomyelitis (three paralytic and six non-paralytic) and 770 were cases of measles.

As well as examining children at school medical inspections, the medical staff examine and keep under observation, many children at school clinics. Many of these clinics are held in rented premises which are lacking in facilities. This adds greatly to the difficulties of the medical and nursing staff, and there is an urgent need for the new clinics or the acquisition of premises suitable for conversion into clinics in several areas in the County.

Dr. E. H. Annels commenced duty as Deputy Medical Officer on the 27th June, 1955. Dr. W. E. Denbow resigned in November, 1955, and Dr. W. Manwell was appointed to fill the vacancy and he commenced duty on the 12th November, 1955.

Mr. W. B. Glyn Jones, Part-time (Sessional) Dental Officer, resigned on the 31st August, 1955, and Mr. N. A. James, Full-time Dental Officer, resigned on the 31st July, 1955. Dr. P. K. Owen commenced part-time sessional duties as a Dental Anæsthetist on the 13th September 1955.

I would like to thank the Director of Education and his Deputy for their help and ready co-operation during the year. I would also like to thank, most sincerely, members of the teaching profession for their help, co-operation, and interest in our work.

I would like to pay tribute to the medical and nursing staff of the School Health Service for their work and co-operation during the year. I would like particularly to thank Dr. E. Pearse for the excellent work she has done during the year in the administration of the School Health Service.

Tribute is also due to Mr. W. I. Roberts, Chief Clerk, and to Mr. A. Whitley, Clerk in charge of the School Health Service, for their help in collating the statistics, and in the preparation of this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

Principal School Medical Officer.

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

Principal School Medical Officer

(also **County Medical Officer of Health**) :

Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H.

Deputy County Medical Officer :

E. H. Annels, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (since 27.6.55)

Senior Medical Officer :

Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.).

Assistant Medical Officers (full-time) :

W. E. Denbow, M.R.C.S., L.R.C.P., D.P.H., B.Sc. (Resigned 19.11.55)

G. F. Devey, M.B., Ch.B.

W. Manwell, M.B., B.Ch., B.A.O., T.D.M., C.M. (since 12.11.55)
(Dr. Ailsa Partridge was engaged on a **part-time** sessional basis).
(Dr. E. M. Harding was engaged on a **part-time** sessional basis).

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.

R. Rhydwen, M.B., B.S., D.P.H.

D. J. Fraser, M.B., Ch.B., D.P.H.

Ophthalmic Consultants (Regional Hospital Board Staff) :

E. F. Wilson, B.A., M.B., B.Ch., B.A.O.

A. C. Shuttleworth, M.B., Ch.B., D.O.M.S.

E. Lyons, M.B., Ch.B., D.O.M.S.

Principal School Dental Officer (Full-time) :

A. Fielding, L.D.S., R.C.S.

Dental Officers (Full-time) :

Leslie Hanson, L.D.S.

N. A. James, L.D.S., R.C.S. (Eng.) from 1.1.55 to 31.7.55.

Dental Officers (Part-time—Temporary Sessional) :

W. B. Glyn Jones, L.D.S. (Resigned 31.8.55).

John Stuart Selwyn, L.D.S.

Speech Therapist :

Mrs. R. E. Ward, L.C.S.T. (Part-time).

Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R.

Dental Anæsthetist (Part-time sessional basis)

Dr. Prudence K. Owen, M.B., B.Ch., B.Sc.

School Nurses (acting jointly as School Nurses and Health Visitors. All State Registered Nurses and State Certified Midwives, and Health Visitor's Certificate [with one exception*] or other qualification):

Mrs. M. E. Hawkins

Miss M. J. Hughes

Miss J. M. Jewell

Miss Ellen Jones

Miss G. Jones

Miss P. M. Matthews

Miss A. Capper

Miss G. Jenkins

*Mrs. A. E. Williams,

S.R.N., S.R.F.N.

Miss L. Oliver

Mrs. M. E. Pearse

Miss O. M. Pierce

Mrs. E. G. E. Rees

Mrs. J. Thomas

Mrs. D. Thompson

Miss D. Williams (since 17.1.55)

Clinic Nurse :

Nurse O. Owens (Part-time sessional).

Tuberculosis Visitors :

Miss M. M. D. Evans, S.R.N., S.C.M., T.B.Cert.

Miss M. E. Owen, S.R.N.

Dental Attendants :

Mrs. L. M. Martin ; Mrs. D. Young ; Mrs. Ann Williams.

Miss A. A. Dornan (since 3.1.55).

Chief Clerk :

William Ithel Roberts.

Departmental Senior Clerk :

Arthur Whitley.

B.—ASSOCIATED OFFICERS.**Clerk of the County Council :**

Mr. W. Hugh Jones.

Secretary of the Education Committee :

B. Haydn Williams, B.Sc., Ph.D.

County Architect :

Mr. W. Griffiths, L.R.I.B.A.

County Treasurer :

Mr. R. J. Jones.

Physical Training Organisers :

Mr. Bertram W. Clarke.

Miss Sarah Storey-Jones.

School Meals Manager :

Mr. E. Parry.

Children's Officer :

Mrs. L. Davies, B.A.

C.—HEADQUARTERS.

County Health Offices, Llwynegrin, Mold—Tel. : 106 Mold.

D.—GENERAL INFORMATION.

Area of Administrative County—

Statutory Acres	...	...	...	...	...	...	163,707
Square Miles	...	...	...	...	...	...	255.7

Population of County—

1951 Census	...	...	...	...	...	...	145,108
1955 Mid-year Estimate	...	...	...	...	...	...	146,100

Number of Schools—

Nursery	...	...	...	...	...	...	1
Primary : County 50 ; Voluntary 53 ; Total	...	...	...	...	...	...	103
Secondary Modern	...	...	...	...	...	...	10
Secondary Grammar	...	...	...	...	...	...	5
Technical College	...	...	...	...	...	...	1
Horticultural Institute	...	...	...	...	...	...	1

School Child Population—

On School Registers (1955)	...	...	...	...	...	...	24,497
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Financial Circumstances of County—

Estimated Product of a Penny Rate—Year 1955-56	...	...	...	...	...	...	£3,785
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Number of Flintshire Live Births—

Year 1955	...	...	...	...	...	...	2,154
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Number of Flintshire Deaths (1955)—

Infantile	...	...	...	...	...	...	53
General	...	...	...	...	...	...	1,753

Medical Officers—

For County Health and School Medical Services combined	...	...	...	...	...	...	*8
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School Dental Surgeons—

Full-time Officers	...	...	...	...	...	...	†2
Part-time—Temporary (Sessional)	...	...	...	...	...	...	**1

School Nurses—

Serving half-time also as Health Visitors	...	...	...	...	...	...	16
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School Dental Attendants—

Full-time	...	...	...	...	...	...	4
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Clinical Establishments (within the County)—

Child Guidance	...	...	...	...	...	...	1
Dental (For School Children)	...	...	...	...	...	...	7
Minor Ailments (for School Children)	...	...	...	...	...	...	10
Ophthalmic (for School Children)	...	...	...	...	...	...	4
Orthopædic After-care (for Patients of all ages)	...	...	...	...	...	...	3
Chest (West Regional Hospital Board)	...	...	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	...	...	1
Speech Therapy	...	...	...	...	...	...	3

(Since 20th July, 1954, the Speech Therapist has held one session per week in the Maelor District).

* Equivalent of $6\frac{1}{2}$ whole-time officers, as 3 are also Medical Officers of Health for Grouped County Districts.

** Two until 31.8.55 when Mr. W. B. Glyn Jones resigned.

† Includes Principal Dental Officer. There were at the end of the year four vacancies.

E.—FLINTSHIRE CLINICS

(Situations, Opening Hours, Etc.)

MINOR AILMENT CLINICS.

Buckley—Welsh C.M. Chapel. Every Tuesday, 2 to 4-30 p.m. Doctor attends every opening.

Caergwrle—Wesleyan Chapel Schoolrooms. Every Tuesday, 1-30 to 2-30 p.m. Doctor attends 1st and 3rd Tuesdays of month.

Flint—The Clinic, Borough Grove. Every Tuesday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Holywell—Grammar School Grounds. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Mold—The Clinic, King Street. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Prestatyn—King's Avenue. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Rhyl—Old Emmanuel School. Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Saltney—The Clinic. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Shotton—The Clinic, Secondary Modern School. Every Thursday, 9-30 a.m. to 12 noon. Doctor attends every opening.

St. Asaph—Ebenezer Chapel. Every Thursday, 1-30 to 2-30 p.m. Doctor attends 2nd and 4th Thursdays.

ORTHOPÆDIC AFTER-CARE CLINICS.

(The days shown below are those on which these Clinics are **at present** operating. Previously the Orthopædic After-care Clinics all operated on a Friday).

Holywell—Cottage Hospital. 2nd and 4th Fridays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.

Rhyl—Old Emmanuel School. 2nd and 4th Tuesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.

Shotton—Secondary Modern School. 1st and 3rd Wednesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.

CHILD GUIDANCE.

Rhyl—Old Emmanuel School, Vale Road. Every Thursday.

Children from the Eastern part of the County are also referred to the Child Guidance Clinic at Wrexham.

OPHTHALMIC.

Holywell—The Clinic, Grammar School Grounds. 2nd and 4th Tuesday mornings in each month.

Mold—The Clinic, King Street. 2nd and 4th Monday mornings in each month.

Rhyl—Old Emmanuel School, Vale Road. 1st and 3rd Tuesday mornings in each month.

Shotton—The Clinic, Modern Secondary School. 1st and 3rd Monday mornings in each month.

To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment.

ORTHOPTIC.

Prestatyn—King's Avenue. Every Thursday, morning and afternoon.

Many children from the Eastern half of the County are seen by the Orthoptist at Chester Royal Infirmary.

CHEST CLINICS.

Holywell—Cottage Hospital. Tuesday. 9 a.m. Clinic Session
2 p.m. Refill Clinic

Queensferry—Oaklands. Wednesday. 9 a.m. Clinic Sessions
Wednesday. 2 p.m. Refill Sessions
Friday. 9 a.m. Contact Clinic by appointment only.

Rhyl—Alexandra Hospital. Friday. 9 a.m. Clinic Sessions
Friday. 2 p.m. Refill Clinic
* Monday. 9 a.m. B.C.G. Test reading

* Contacts are seen on Friday mornings and if necessary given B.C.G. They then attend on the Monday morning following for reading.

SPEECH THERAPY.

Mold—The Clinic, King Street. Every Tuesday (morning and afternoon) by appointment only.

Prestatyn—The Clinic, King's Avenue. Every Wednesday (morning and afternoon) by appointment only.

Shotton—The Clinic, Modern Secondary School. Every Thursday morning by appointment only.

Maelor District—Tallarn Green and Hanmer. Every Thursday afternoon

Section 2.

A.—STAFF.

(1) **Medical.**—Dr. E. H. Annels commenced duty as Deputy County Medical Officer on 27th June, 1955. Dr. W. E. Denbow resigned on the 19th November, 1955, and Dr. W. Manwell commenced duty on the 12th November, 1955.

(2) **Dental.**—Mr. N. A. James resigned on the 31st July, 1955, and Mr. W. B. Glyn Jones (part-time sessional) resigned on the 31st August, 1955. Dr. P. K. Owen commenced duty as part-time Dental Anæsthetist on 13th September, 1955, on a sessional basis.

The Authority has an establishment of six Dental Officers, but at the end of 1955 only 2 full-time dental officers were in the employ of the Authority.

The vacant posts have been advertised on several occasions, but in common with other authorities, have not attracted applicants.

During 1955 the part-time dental officers continued to give good service and co-operated well with the department.

(3) **Speech Therapy.**—Mrs. R. E. Ward, who is employed on a part-time basis, continued to develop the Service. Her work has been greatly appreciated by the parents and others and it may be possible to extend further this valuable service as there are many children still in urgent need of speech therapy.

(4) **Nursing.**—Miss D. Williams commenced duty as Health Visitor/School Nurse on the 17th January, 1955.

B.—ADMINISTRATION.

Although the Ministry of Education has given Education Authorities the full power to fix the ages at which school medical examinations should be carried out, it has not been considered desirable in this County to change the age groups previously examined which are as follows :—

- (a) Pupils admitted for the first time to a maintained school, as soon as possible after the date of admission.
- (b) Pupils attending a maintained primary school, during the last year of attendance at such a school.
- (c) Pupils attending a maintained secondary school, during the last year of attendance at such a school.

Pupils in group (a) may be examined at the age of 3, 4, 5 or 6 years, and according to the Regulations are not due for re-examination in group (b) until they reach the age of 10 years. Since certain defects such as visual defects and sub-normal mentality often become apparent at the age of 7 or 8 years, it has therefore been considered advisable to insert an additional intermediate examination between groups (a) and (b) at the age of 8 years, and pupils of this age group are included in Table 1 (A) below under "Pupils of other ages."

The emphasis is placed on the thoroughness of the medical examination rather than on the frequency of examination of the pupils. Pupils found to have any defects can, of course, be seen regularly at school clinics so they are not lost sight of between age group inspections.

Considerable importance is attached to the pupil's final medical examination at the secondary school. This examination is important for two reasons — to ensure that the pupil leaves school free of any remediable disability and that any condition likely to affect the pupil's employment or future training is fully reported to the Youth Employment Service.

Table 1 (A & B) shows :

- (A) the number of children of the age groups already mentioned, who were medically examined by assistant medical officers.
- (B) the number of special inspections and re-inspections by assistant medical officers, whether at school, or at school clinics. Special inspections refer to children outside the above groups who are examined at the request of the parents, the Head Teacher or the Education Authority. Re-inspections refer to children who have been previously examined at periodic medical inspections or as special cases and who were then found to be suffering from defects which either needed treatment or to be kept under observation.

TABLE 1 (A) and (B).

RETURN OF MEDICAL INSPECTIONS, 1955

Description.						Number.
(A) PERIODIC INSPECTIONS—						
Pupils of Prescribed Age Groups—						
Entrants	...	...	.	..	...	1895
Second Age Group	...	...	.	...	...	1775
Third Age Group	...	...	...	...	...	1594
Fourth Age Group	...	...	...	...	...	2310
Total						7574
Additional Periodic Inspections						23
Grand Total						7597
(B) OTHER INSPECTIONS—						
Special Inspections	...	...	...	...	...	4798
Re-inspections	...	...	..	...	...	5348
Total						10146
TOTAL INSPECTIONS—Periodic and others						17743

C.—FINDINGS OF MEDICAL INSPECTIONS.

TABLE 1 (C).

PUPILS FOUND TO REQUIRE TREATMENT.

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Note : (1) Pupils already under treatment are included.

(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).

Group (1)	For Defective Vision (Excl Squint) (2)	For any of the other conditions recorded in Table 2 (a) (3)	Total individual pupils (4)	Percentage of children examined (Table A) (5)
Entrants	2	167	168	8.33
Second Age Group ...	88	95	183	10.30
Third Age Group ...	82	83	162	10.16
Fourth Age Group ...	64	146	209	9.04
Additional Periodic Inspection		3	3	13.04
Total (Prescribed Groups)	236	494	725	9.54

There was a slight reduction during 1955 in the number of defects found in pupils during inspection in the entrants and third age groups.

	1954	1955
Entrants	9.29 %	8.33 %
Third Age Group	10.32 %	10.16 %

The number of defects found in the second and fourth age groups increased slightly.

	1954	1955
Second Age Group	8.25 %	10.30 %
Fourth Age Group	9.02 %	9.04 %

The total number of defects found at school medical inspections has fallen steadily over the past ten years. But of greater importance is that the more serious disabilities are much less common now than even five years ago. Many defects found are minor in character, e.g., defective vision but unless found early and treated could be the cause of severe disability later.

TABLE 2 (a).

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1955

Note : (1) All defects noted at medical inspection as requiring treatment are included in this table, whether or not this treatment was begun before the date of the inspection.

(2) Uncleanliness and dental conditions are excluded.

Defect Code No.	Disease or Defect	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No of Defects		No of Defects	
		Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment	Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment
(1)	(2)	(3)	(4)	(5)	(6)
4	Skin	71	134	249	157
5	Eyes—(a) Vision ...	236	368	393	238
	(b) Squint ...	68	78	62	68
	(c) Other ...	14	21	59	36
6	Ears —(a) Hearing ...	19	34	19	67
	(b) Otitis Media ...	16	36	24	48
	(c) Other ...	12	35	14	43
7	Nose or Throat ...	99	507	167	582
8	Speech	32	43	74	85
9	Cervical Glands ...	6	101	15	134
10	Heart and Circulation ...	7	148	11	137
11	Lungs	30	189	70	259
12	Developmental—				
	(a) Hernia ...	2	14	3	19
	(b) Other ...	4	35	2	20
13	Orthopædic—				
	(a) Posture ...	9	33	7	61
	(b) Flat Foot ...	59	94	67	83
	(c) Other ...	61	117	73	104
14	Nervous System—				
	(a) Epilepsy ...	4	10	9	29
	(b) Other ...	12	41	22	59
15	Psychological—				
	(a) Development ...	3	38	9	83
	(b) Stability ...	2	35	6	30
16	Other	17	43	293	305

This Table shows the various defects found at medical inspections grouped as required by the Ministry of Education. It will be noted that it excludes Dental Defects and Infestation with Vermin. Of Defects found at Periodic (Routine) Inspections the largest groups are Defects of Vision and Defects of Ear, Nose and Throat.

Other changes in the defects found in 1955 worthy of note are (a) the increase in skin lesions found both at routine and special inspections—this was due to several outbreaks of impetigo at schools throughout the County, (b) the increase in speech defects found. This increase is due to better ascertainment and the availability of treatment, and not due to a real increase in children with speech defect (c) increase in defects of the lungs due to the Mass X-Ray survey of secondary school children carried out during the year.

It will be noted that in all categories a large number do not require treatment but require to be kept under observation to prevent deterioration of their defect. These children are kept under observation at minor ailment clinics and when necessary are visited at home by the School Nurses and advice given to parents.

It is again emphasised that the School Health Service is in the main a preventive Service, and the aim is to discover all forms of defects common in growing children at the earliest possible moment and either by simple treatment or follow-up restore the child to full health.

Children with defective vision requiring consultant opinion are referred to the special ophthalmic clinics established for school children.

The same applies to children with ear, nose or throat defects, these are referred to a Consultant at the nearest hospital, who then arranges any treatment needed, including any operation such as removal of tonsils and adenoids. Of all the children with ear, nose or throat defects discovered at routine school inspection, only 36.09% were referred to a Consultant, the remainder were kept under observation or responded satisfactorily to simple treatment given at minor ailment clinics.

Table 2(b) shows the general nutritional state of the pupils examined at the periodic medical inspection.

TABLE 2 (b)

GENERAL CONDITION OF THE PUPILS.

Classification of the general condition of the pupils inspected during the year in the various age groups.

Age Group	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1895	626	33.0	1266	66.8	3	.2
Second Age Group ...	1775	872	49.1	899	50.7	4	.2
Third Age Group ...	1594	684	42.9	901	56.5	9	.6
Fourth Age Group ...	2310	857	37.1	1448	62.7	5	.2
Additional Periodic Inspections	23	6	26.1	17	73.9	—	—
Total	7597	3045	40.1	4531	59.6	21	.3

In assessing the general condition of a child, the school medical officer takes into consideration various factors such as colour and texture of skin, muscle tone, the amount of sub-cutaneous fat, posture, general alertness, etc., etc. In spite of this, there is bound to be some variation in the standards adopted by different medical officers. The following table compares the percentages assessed in Groups A, B and C for entrants, second age group, third age group, and fourth age group in the years 1947-1955.

Year	Entrants			2nd Age Group			3rd Age Group			4th Age Group		
	A	B	C	A	B	C	A	B	C	A	B	C
1947	61.4	36.1	2.5	62.6	34.2	3.2	53.9	41.9	4.1	77.3	21.7	1.0
1948	33.2	60.4	6.4	30.9	60.4	8.6	18.5	73.3	8.2	27.8	63.5	8.7
1949	47.2	50.2	2.6	37.4	57.6	5.0	29.0	63.6	7.4	31.9	62.5	5.6
1950	53.5	45.2	1.4	39.8	55.7	4.5	31.7	60.1	8.3	33.4	62.1	4.5
1951	35.8	61.6	2.6	33.0	63.5	3.5	40.4	56.7	2.9	25.4	72.5	2.1
1952	52.5	46.5	1.0	52.6	46.4	1.0	54.7	44.2	1.1	46.2	52.6	1.2
1953	69.5	30.1	.4	66.2	33.7	.1	63.9	35.4	.7	60.4	39.3	.3
1954	45.5	54.4	.04	48.7	51.0	.3	42.2	57.1	.7	39.7	59.5	.8
1955	33.0	66.8	.2	49.1	50.7	.2	42.9	56.5	.6	37.1	62.7	.2

It will be noted that the nutritional state of approximately 40 % of the children examined were classified in Group A (good), while only .27 % were classified as "poor."

Since 1947 there has been a steady improvement in the nutritional state of school children in the County. The "normal" child is classed as "B," exceptional children as "A," and "C" for those children below average.

It will be noted that the percentage in group "B" in each group has increased since 1947. The number in group "C" is small throughout the age groups. The percentage of children in group "A" is highest in the second age group.

In 1955 approximately 59 per cent. of all children examined were in Group "B," whereas in 1947 the percentage was approximately 30.

The Health Visitor has played and continues to play an important role in maintaining the high standard of health of school children. The Health Visitor is in contact with the child both at home and at school and can advise the parents and teaching staff on all matters relating to the health and welfare of school children. The work is often unspectacular, but over the years the value to the rising generation of children is of inestimable value.

Infestation with Vermin.—The number of children infested with vermin in 1952 was 10.9 % of all children examined at routine cleanliness inspections conducted by Health Visitors.

Certain areas of the County were worse than others and in 1953 and 1954 strenuous efforts were made to reduce the number of infested children.

In spite of all the work done the number of children found infested during 1955 increased from 1,289 to 1,305. This total of 1,305 means that 6.69 % of all children examined were infested in varying degrees with vermin.

Authority was obtained from the Education Authority during the year to open Cleansing Clinics. The first clinic was held in October and it is hoped in this way to get at the "hard core" of infestation.

Every effort is made to get the parents to cleanse their own children and suitable cleansing fluid (Suleo) is provided free if required. When parents either refuse or neglect to cleanse their children this is done at various clinics by a part-time nurse. The cleansing clinics serve three purposes.

1. To ensure that children are cleansed quickly and thus enabled to return to school without delay.
2. To prevent infestation spreading to "clean" contacts at school.
3. To enable the Authority to take proceedings against parents whose children are habitually infested. It is a requirement of the Education Act that the Education Authority must have cleansed a child before legal proceedings can be taken against the parents.

TABLE 3.

INFESTATION WITH VERMIN.

Number of individual children examined by School Nurses ...	19,480
Total number of examinations in the schools by the School Nurses or other authorised persons	69,096
Total number of individual pupils found to be infested ...	1,305
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Vaccination against Smallpox.—Only 40.54 % of children examined at routine medical examinations showed evidence of successful vaccination against Smallpox. Although prior to 1948 exemption from vaccination had been far too easily obtainable, the National Health Service Act abolished compulsory vaccination in the hope that voluntary vaccination against Smallpox would prove to be as successful as immunisation against Diphtheria. Unfortunately, this hope has not been realised as, in spite of active propaganda by doctors, midwives, and health visitors, the number of primary vaccinations has fallen below the level of the year 1950, and, in these days of rapid transit from one part of the world to another, the population at risk is far too large.

The total number of infants vaccinated in 1955 shows a gratifying increase. This is partly due to the fact that vaccination was offered at Child Welfare Clinics for the first time during the year. Also, during 1955 every mother was strongly advised to have her child vaccinated against smallpox.

The following Table shows the number of primary vaccinations each year since 1948 ; figures which up to 1952 represent approximately only 25 % of the live births. The figure for 1955 however, represents 37.27 % of the live births.

1948 —	Number of primary vaccinations ...	808
1949 —	" " " "	397
1950 —	" " " "	660
1951 —	" " " "	796
1952 —	" " " "	663
1953 —	" " " "	663
1954 —	" " " "	636
1955 —	" " " "	803

Diphtheria Immunisation.—Of children of compulsory school attendance age 8,149 have received a full course of immunisation against Diphtheria since 1950. In addition, 5,051 children of pre-school age have also completed a full course of immunisation.

An additional 15,247 children were immunised prior to 1950 but have not been immunised since that date.

During the year 1955, the number immunised was :—

Aged 0—4 years	...	...	...	...	1,303
Aged 5—15 years	...	...	...	...	152
					* 1,455

Children who received re-inforcing injections 984 †

(* 556 of these had injections against Diphtheria and Whooping Cough)
(† 60 of these had re-inforcing injections against Diphtheria and Whooping Cough).

Children are immunised free of charge either by the general medical practitioner in his surgery, or by assistant medical officers at clinics and in schools.

During 1955 the County Council recommended that mothers who choose to have their children immunised at clinics be given the option of protecting their child against Diphtheria or a combined protection against Diphtheria and Whooping Cough.

Approximately 45.50 % children under five years have been immunised against Diphtheria in the County. The Ministry of Health is particularly anxious to keep the number of children immunised as high as possible. Their experts state that unless at least 60 % of the child population under 5 years of age is protected, there is always the risk of an outbreak of Diphtheria with the well-known serious consequences.

Handicapped Pupils.—The following table shows the number of handicapped pupils on the register at the end of the year, in their several categories.

NUMBER OF ASCERTAINED HANDICAPPED PUPILS ON
REGISTER AT 31st DECEMBER, 1955

Blind	...	...	...	...	...	5
Partially Sighted	...	...	...	...	...	9
Deaf	...	...	...	...	...	14
Partially Deaf	...	...	...	...	...	7
Educationally sub-normal	...	...	...	...	...	72
Epileptic	...	...	...	...	...	19
Maladjusted	...	...	...	...	...	13
Physically handicapped	...	...	...	...	...	67
Delicate	...	...	...	...	...	10
Total	...	...	...	...	...	216

Fourteen children were ascertained to be in need of special education, either in residential schools or special day schools and were classified as follows :—

Educationally sub normal	2	Maladjusted	...	...	1		
Delicate	...	...	...	Physically handicapped	2		
Epileptic	...	...	...	Deaf	...	...	2
Partially sighted	...	3...	Blind	...	...	...	2

During the year places were found in Special Schools or Homes for ten handicapped pupils (Blind 1, Partially sighted 1, Deaf 3, Delicate 1, Educationally sub-normal 1, Maladjusted 2, Epileptic 1). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 32.

They were of the following categories :—

Blind and Partially Sighted	...	...	5
Deaf and Partially Deaf	...	...	13
Educationally sub-normal and maladjusted			11
Epileptic	...	...	1
Delicate and Physically Handicapped	...		2
			32

In addition, 13 handicapped children were receiving home tuition, and one child attending a Day Spastic Unit.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 41 ; of this number 18 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools	12
Requiring places in Special Day Schools ...	6
	18

In addition to the above, 5 children were ascertained to be incapable of education in School and were reported to the local authority for the purposes of the Mental Deficiency Act 1913.

There is a growing need for the establishment in North Wales of Residential Special Schools for certain categories of handicapped pupils and the Joint Education Committee for Wales has the matter under active consideration, particularly with regard to the Physically Handicapped Child. The number of such children in the County of Flint who require special education in a Residential School is relatively small, and it would consequently be impossible for the Authority to establish such a school on its own.

Another category of handicapped child for whom special consideration is needed is the seriously "maladjusted" child, and particularly for those cases where the home conditions are the causative factor in the maladjustment. Some of these children do not require special education in the generally accepted sense of the word, but do require to be removed from their home surroundings in order to prevent them from developing a psychosis at a later date. Their needs could be met by the provision of hostel accommodation where they would be carefully handled, and from where they could attend the ordinary elementary and secondary schools.

Every effort was made during the year to ascertain what children in the County are handicapped and in need of some special form of education either at an ordinary school or in a day or residential special school. It is only in this way that the Education Authority can make provision to meet the needs.

This work of intense ascertainment will take some time to complete, but it is quite clear that numerically the largest group is the educationally sub-normal. The number will warrant the establishment in Flintshire of a Special School to meet the needs of this group.

More emphasis is now placed on the attendance of handicapped pupils at ordinary schools and at Day Special Schools—where the condition of the child allows this. Recently the Ministry of Education permitted ascertained epileptic and physically handicapped children to attend ordinary schools and this means that all handicapped pupils whose condition is not severe may, in suitable circumstances, attend ordinary school.

There still remain many handicapped pupils who will require some other form of special educational treatment—when possible day special schools and units should be considered and in some cases, home training. Children who cannot fit into these arrangements will require special boarding school or hospital school education.

Prevention of Tuberculosis among School Children.—In 1951 the Authority decided that all newly appointed teachers, canteen workers and others who were to be closely associated with children, should, as a condition of service, undergo a medical examination which included X-ray examination of the chest. During 1955, 55 teachers, 45 canteen workers, and 12 school caretakers were examined and reported on by the Medical Staff.

In addition, 89 candidates for admission to Training Colleges for Teachers were examined by the medical staff. These examinations were in consequence of Regulations of the Ministry of Education, whereby all entrants to Training Colleges for Teachers must be examined before

acceptance by the School Medical Officer of the area in which they reside. This examination includes X-ray examination of the chest.

One candidate for admission to Teachers' Training College was found to be suffering from pulmonary tuberculosis.

B.C.G. Vaccination.—B.C.G. vaccination against tuberculosis has only been available up to the present for the tuberculin negative contacts of known cases of tuberculosis, and it is carried out by the Chest Physician. During 1955, 263 contacts were vaccinated. The Ministry of Education has now agreed to the B.C.G. vaccination of school leavers (Circular 22/53). B.C.G. vaccination is to be offered to all tuberculin negative children during their 13th year. Up to the end of 1955 it had not been possible to put this scheme into operation in this County.

Mass Radiography.—During 1955, the Mass Radiography Unit of the Welsh Regional Hospital Board visited the County and facilities for X-ray examination of the chest were offered to members of the general public and to certain school-children. We requested the Unit to carry out the examination of children of the age of 14 years and over and the result of the findings of the Unit are shown in the following table :—

SURVEY OF SCHOOL CHILDREN (aged 14 years and over) BY MASS RADIOGRAPHY UNIT DURING 1955-56

School	Number of Persons Examined			Numbers found Abnormal									
	Males	Females	Total	Definite Pulmonary Tuberculosis		Referred to Chest Physician as cases requiring further investigation		Other Abnormalities		Total		Males	Females
				Males	Females	Total	Males	Females	Total	Males	Females		
1955—													
Flint Secondary Modern	116	94	210	—	—	—	—	—	—	—	—	—	—
Flint Blessed Richard Gwyn R.C. Secondary Modern	47	41	88	—	—	—	2	1	3	2	1	3	1
Queensferry Secondary Modern	114	87	201	—	—	—	2	3	5	2	3	2	3
Shotton Deeside Secondary Modern	141	118	259	—	—	—	4	2	6	4	2	4	2
St. Asaph Grammar	46	34	80	—	—	—	1	—	1	1	—	1	—
1956—													
Buckley Elford Secondary Modern	147	139	286	—	1	1	1	1	2	1	2	1	2
Caergwrle	2	2	4	—	—	—	—	—	—	—	—	—	—
Hawarden Grammar	230	203	433	—	—	—	5	3	8	5	3	5	3
Holywell Grammar	283	243	526	—	—	1	1	2	5	4	2	4	2
Holywell Basingwerk Secondary Mod.	278	276	554	—	3	4	3	6	9	4	9	4	9
Mold Grammar and others	192	181	373	—	1	1	4	3	7	4	4	4	4
Mold Secondary Modern	156	185	341	—	—	—	1	7	8	1	7	1	7
Penyffordd C.P.	2	2	4	—	—	—	—	—	—	—	—	—	—
Rhyl Emmanuel Secondary Modern	118	118	236	—	—	2	2	—	—	2	—	2	—
Rhyl Glyndwr Secondary Modern	154	157	311	—	1	1	1	—	1	1	1	1	—
Rhyl Grammar	223	188	411	—	—	—	—	5	5	5	—	5	—
TOTAL	2249	2068	4317	—	6	10*	32	28	60	36	34	70	

* On re-examination the following results were reported:

One pulmonary tuberculosis; One pneumonitis; One bronchiectasis;
 One healed pulmonary tuberculosis; Six still awaiting final report.

D.—TREATMENT.

Clinic Premises.—Last year I mentioned that several of our school clinics were held in premises that were unsatisfactory. I was requested to carry out a survey of all clinics during 1955 and the summary of my report to the Health and Education Committees is given below.

School Clinics are held at the centres marked *

Satisfactory.

*Mold	*Flint	Bodelwyddan
*Prestatyn	*Shotton	*Saltney

Unsatisfactory.

Broughton	Bagillt	Leeswood
Caerwys	*Buckley	Mostyn
Connah's Quay	*Caergwrle	Pentre and Mancot
Penley	Greenfield	*St. Asaph
*Rhyl	*Holywell	

A new clinic has been approved at Holywell and building commenced during the year.

It is difficult to provide a satisfactory service in poor premises and consideration will have to be given to the provision of new premises or the adaptation of buildings as clinics in all areas where present facilities are unsatisfactory.

This report was considered by the Health and Education Committees and it was agreed that new clinic premises are urgently required at Rhyl, St. Asaph, Penley, Buckley, Pentre and Mancot, and Broughton.

TABLE 4
GROUP 1.—DISEASES OF THE SKIN.
(excluding Uncleanliness, for which see Table 3).

						Number of cases treated or under treatment during the year	
						by the Authority	Otherwise
Ringworm—	(i) Scalp	...	...	...		—	3
	(ii) Body	...	...	...		2	1
Scabies	...	...	...	...		5	—
Impetigo	...	...	...	...		117	17
Other Skin Diseases	...	...	...	...		88	65
Total ...						212	86

TABLE 4 (continued)

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	31	37
Errors of Refraction (including squint)	904	—
Total ...	935	37
Number of pupils for whom spectacles were :—		
(a) Prescribed	*523	—
(b) Obtained	*523	—
Total ...	*523	—

* Including cases dealt with under arrangements with supplementary Ophthalmic Services.

The four ophthalmic clinics for school children have continued to work satisfactorily. At three areas, Holywell, Shotton, and Mold, the waiting lists for consultations have been greatly reduced, and children referred to the Consultant Ophthalmologist are seen within a matter of a few weeks. At Rhyl the waiting list has not been reduced—in fact, it has steadily grown and the delay between referral and the date on which the child sees the Consultant was approximately six months at the end of the year. An approach is being made to the Regional Hospital Board asking if extra sessions can be granted for the Rhyl Clinic so that the Consultant Ophthalmologist can attend weekly.

During the year the number of children examined at the four clinics with errors of refraction were 904 compared with 673 in 1954. During 1955—523 pairs of spectacles were prescribed compared with 392 in 1954.

I would like to thank both Ophthalmic Consultants for the excellent service they have given during the year. Their services have been greatly appreciated by parents, and their work has greatly improved the facilities available to children with defective vision.

Brief reports from Mr. Shuttleworth and Mr. Lyons on the operation of these clinics are given below :—

“ As you know, I hold two clinics each month at both Mold and Shotton. The clinics are well attended, and there is usually a short waiting list for appointments at the Mold clinic. Almost all the cases examined are children with defective vision, and a large number of cases of squint are seen. I do the refractions of most children and order glasses when necessary. Most of the cases of squint I refer to the orthoptic department at Chester Infirmary where they remain under my care and under the care of Miss Parsons, who is in charge of the orthoptic department. Many of the cases of squint need operation, and those are done at either Chester Infirmary or the Chester City Hospital.

As far as I am concerned, the clinics work extremely well. I do not ever seem to hear any complaints from parents, and I consider that the children are well cared for with regard to their eye complaints. The nurses in charge of the clinics are most helpful and efficient.

A. C. SHUTTLEWORTH.”

“ During the past year the work of the school ophthalmic clinics at Rhyl and Holywell has progressed smoothly. There have been no major changes or developments and the position is very similar to that described in my report last year.

The attendances at the Rhyl clinic have continued to be much larger than those at Holywell, and while children referred to the Holywell Clinic have been seen with little delay, there has been a waiting time of up to six months for children referred for a first appointment to the Rhyl Clinic. There would seem to be little likelihood of substantially reducing this waiting period without increasing the number of clinics held in Rhyl, and **a weekly clinic instead of a fortnightly one would appear to be the only answer to the problem.**

Although another year has elapsed, the Clwyd and Deeside Hospital Management Committee has still not found it possible to provide me with beds and operating facilities. At the time of writing, there are twenty-nine children, attending the school clinics, who are awaiting operation for squint, and several of these have been on my waiting list since 1954. This delay is causing me considerable concern, particularly since there appears to be no immediate prospect of the necessary facilities becoming available.

The number of children requiring orthoptic treatment for squint continues to be high and I should like to record, once again, my thanks to Miss K. M. Parsons, the Orthoptist-in-Charge, for the help and co-operation received in treating these patients at both the Prestatyn Clinic and the Chester Royal Infirmary.

EDWARD LYONS.”

Miss K. M. Parsons, the Orthopist-in-Charge and her staff at the Chester Royal Infirmary continued to treat Flintshire cases during the year at Prestatyn Clinic and at the Chester Royal Infirmary.

When the Ophthalmic Out-Patients Department is established at Royal Alexandra Hospital, Rhyl, the orthoptic clinic now held at the Prestatyn Clinic will be transferred there. At the same time, it is hoped to open an additional orthoptic clinic at the new County clinic premises at Holywell.

During 1955, the number of new cases seen and attendances at the orthoptic clinic increased, as shown in the table below.

THE CHESTER ROYAL INFIRMARY
ORTHOPTIC DEPARTMENT ANALYSIS, 1955

School Children only

	Chester	Prestatyn
Number of Flintshire children who attended in the year 1955 	458	122
Number of attendances for the year 1955 ...	2,366	727
Number of squint operations performed on Flintshire children at :		
Chester Royal Infirmary 	49	
Rhyl War Memorial Hospital 	1	

TABLE 4 (continued).

GROUP 3.—DISEASES AND DEFECTS OF EAR,
NOSE AND THROAT.

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear 	—	10
(b) for adenoids and chronic tonsillitis	—	359
(c) for other nose & throat conditions	—	53
Received other forms of treatment ...	28	147
Total ...	28	569

The number of children who received operative treatment for adenoids and chronic tonsillitis still remains high—359, but it must be remembered that 1,355 children were found at routine and special medical inspection to have defects of the nose and throat that required treatment. Many of these children were kept under observation by the School Medical Officers at minor ailment clinics and later did not require operative treatment. Others were referred to Ear, Nose and Throat Consultants, who prescribed treatment in some cases and carried out operative treatment in other cases.

No child has operative treatment for tonsils and adenoids until kept under observation for some time, or unless non-surgical treatment has failed.

Considerable delay is experienced in obtaining ear, nose and throat consultations in the western half of the County as there is no ear, nose and throat consultant on the staff of the Clwyd and Deeside Hospital Management Committee. This does cause considerable hardship to child patients who have to travel considerable distances for consultation and also in many cases wait several months before being seen by the consultants.

Orthopædic.—Orthopædic clinics are held at Holywell, Rhyl and Shotton. Particulars of the days and times of opening are given on page 9 of this report.

At each Clinic there is a Voluntary Committee who attend each opening and who have, for many years, given valuable service.

This is an example of the way we want voluntary efforts to continue. Such help by voluntary workers interested in the several localities is of great assistance to the Authority and I would like to record my most sincere thanks to them for their help.

Children requiring more urgent consultations are seen at Rhyl and Chester hospitals and when necessary are admitted to orthopædic beds and receive out-patient treatment at these Centres.

The statistics as regards the number of children treated at clinics refer only to children treated at Clinics within the County (Shotton, Holywell and Rhyl). Some Flintshire children also attend the Clinics at Wrexham and Denbigh, but it is not possible to obtain statistics of these as the methods of record keeping at the Hospital have been altered. These Clinics are staffed by a Surgeon and the After-care Sisters from the Robert Jones & Agnes Hunt Orthopædic Hospital, Gobowen.

Other Flintshire children are referred by general practitioners to the Orthopædic surgeons at hospitals in Liverpool, Chester, Wrexham and Rhyl.

TABLE 4 (continued).

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Number of cases treated	
	by the Authority	Otherwise
(a) Number treated as in-patients in hospitals	—	16
(b) Number of attendances of pupils treated otherwise, e.g., in clinics or out-patient departments	—	1205

TABLE 4 (continued).

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	70

The Child Guidance Service was further developed during the year by the addition of a second Educational Psychologist. Sessions were held weekly at Rhyl. Some Flintshire cases were also seen at Wrexham and Liverpool. The premises utilised by the Child Guidance Staff at Rhyl are inadequate and it is hoped during next year to provide accommodation for the staff at Fronfraith, Rhyl. The total number of children referred to the Child Guidance Clinics increased during the year. There is close liaison between the Child Guidance Staff, this department and the teaching profession.

Extracts from the Annual Report of Dr. E. Simmons, the Consultant Child Psychiatrist, are given below :—

Extension of the Clinic Service.

In earlier reports it has been stressed that we attach considerable importance to the early detection and treatment of intellectual sub-normality and abnormality.

In connection with this it will be recalled that the Education Authorities of the counties of Anglesey, Caernarvon, Denbigh, Flint and Merioneth agreed to accept financial responsibility for certain additions to our staff which would allow an extension of the clinic service to include work with educationally handicapped children.

In October a second Educational Psychologist was appointed and with this the first step had been taken to create, what might rightly be called, a School Psychological Service in the North Wales Area.

As far as the future development of this service is concerned we shall be guided by the demands made on us. These might well differ from county to county. There is room for development in a number of directions. Some of these are indicated in the following:—

An Educational Psychologist might assist an authority wishing to **ascertain** intellectually handicapped and educationally retarded children in order to provide suitable educational facilities. The clinics have always done some work of this kind but there is room for extension.

He might, further, work together with the officers of the authority **to carry out surveys** of ability and attainment of whole age-groups, to assist in the planning of specific educational measures.

If required, he would be available to **discuss specific problems** with teachers in charge of classes for retarded children.

A Psychologist might also contribute to the **development of attainment tests**, or other educational material, desired for specific purposes and needed, perhaps, at short notice.

We shall in particular welcome any other opportunities to strengthen our contact with teachers and officers of the Education Authorities who can often shed light on the problems with which we are concerned, and whose help and co-operation are frequently required if investigations and treatment are to be carried out satisfactorily.

At this point it might be noted that the Psychologist and other workers to be appointed will not carry out educational work only, but that they will become members of clinical teams, sharing with the existing staff the general work of the clinics while all workers accept more 'educational work' than hitherto.

This will avoid their becoming isolated and, while allowing scope for individual bents, will prevent undue specialisation. The increase in the total number of workers will permit us to divide the area, reducing the territory to be covered by individuals. More important still, the resources of the entire service will be available to any child requiring additional help, irrespective of the source or purpose of the original referral.

Research.

A memorandum on a major research project, having as its object the production of an intelligence test for Welsh speaking children, was prepared and submitted to the Welsh Regional Hospital Board in March.

In the day to day work of the clinics we are frequently hampered by the lack of a full scale intelligence test adapted for use with Welsh speaking children. Non-verbal tests and ad hoc translations of English tests often allow us to make a reasonably reliable assessment of a bi-lingual or monoglot Welsh child. We feel, however, that we need a test which will give us results at least as accurate as those obtained when existing English tests are given to English speaking children. Evidently such a test should be given in the language in which the child thinks and feels,

The production of a reliable test is an arduous and time consuming task. Large numbers of children have to be examined and a great many highly technical procedures have to be carried out before one can be certain that the test will, in fact, give one the information which one wishes to obtain from its use.

In our instance we considered that a three year period should be allowed for the standardisation of the selected test for children in the most critical age groups, viz.: the 6—12's. A highly qualified research worker and an assistant will be required.

The Regional Hospital Board have given our proposals their consideration and at the time of writing the project is awaiting approval by the Clinical Research Board. Work might therefore reasonably be expected to start in the second half of 1956.

Residential Treatment for Emotionally Maladjusted Children.

A relatively small but important proportion of emotionally maladjusted children cannot be treated satisfactorily in their own homes. They require admission to residential schools or hostels where treatment by specially trained and experienced staff can be provided.

As a rule principals of schools or wardens of hostels wish to be in close contact with the parents of children under their care, and with the Child Guidance Clinics which have recommended admission. Often it is desirable for children to continue attending at a clinic.

No schools or hostels of this kind exist in North Wales, and the placement of children in England, often far away from their homes, presents considerable difficulties. Vacancies are scarce and, no less important, we cannot maintain more than a very superficial contact, and at times have no personal knowledge of the schools or their staffs.

Welsh speaking children can rarely be recommended with equanimity, for the obvious reason that a severe strain might be imposed on them by the need to adjust to an English speaking environment.

For these, and other reasons, it has been recommended that a residential treatment unit should be set up in the North Wales area. The cost would be high, and it is to be hoped that a Psychiatrist of senior grade will have been added to our establishment before we are asked to accept responsibility for the running of such a unit.

It is encouraging to know that the Regional Hospital Board have agreed in principle, that action is needed and we hope that the required financial arrangements can be made in the reasonably near future.

“Work beyond the clinic premises.”

(a) General.

Close and friendly contact between the personnel of the medical, social and community services of the area and the clinic staff has always been considered a prerequisite to the efficient functioning of our service.

This contact has had to be built up largely by the efforts of individual workers discussing specific cases, and while all of us have been, and constantly are, involved in liaison work, the responsibilities of the Psychologists in regard to work with teachers and schools, and of the Psychiatric Social Workers in relation to other workers in the social and community services, are particularly important.

(b) **Group Meetings.**

Within definite limits imposed on us by our clinical responsibilities we have also met various groups, of workers in allied fields and others, for discussion of matters of mutual interest. In this connection the following list of events during the year may be of interest:—

Film: "A Two Year Old Goes to Hospital," followed by discussion, at Abergele Sanatorium — Medical and Nursing Staff.

Day School: "Child Guidance as a Community Service. Function of Individual Workers and General Approach," at Bod Difyr, North Wales. Probation Officers and Child Guidance Staff.

Talk and demonstration on the work of a Child Guidance Clinic, at the Sackville Road Clinic, Bangor. Students and Lecturer, St. Mary's College, Bangor.

Film: "Maternal Deprivation," followed by discussion, at the Clinic, Bangor. Caernarvonshire and Anglesey Paediatric Club.

Film: "Maternal Deprivation," followed by discussion, at North Wales Hospital, Denbigh. Medical and Nursing Staff.

Film: "Maternal Deprivation," followed by discussion, at North Wales Hospital, Denbigh. Doctors, Health Visitors, other Nursing Staff, and Social Workers.

Talk: "Handicapped Children," followed by discussion. National Association of Parents of Backward Children, Wrexham Branch.

(c) **"Working Groups."**

Teachers, personnel of maternity and child welfare clinics, doctors and other professional workers who are constantly in contact with large sections of the population might wish to form such groups. As they are, in diverse ways, concerned with matters appertaining to the health of the community, they would seem to be most suitably placed and best qualified to acquire the skills which would enable them to take an increasingly active part in preventive mental health work.

There are difficulties in the way of our taking part in group work of this kind. I feel however that, in due course, we should participate in any experiment which could be seen to offer reasonable prospects of being successful.

Some comment on the referral of young children.

It will have been gathered that we attach considerable importance to preventive work and early treatment.

In this connection it seems relevant to refer to the fact that the numbers of young children of average and higher intelligence referred to us were relatively small. Over the years the increase in their referral rate has been unduly small.

It is widely agreed now that most of the more serious emotional disorders of later childhood, and many of the nervous and mental disturbances of adult life, have their roots in experiences during the patients' pre-school years.

Experience suggests that signs and symptoms of disturbance can be recognised during those early years in many instances, and during the age period 5 to 8 in most.

Early treatment gives the quickest and best results in Child Guidance work just as it does in General Medicine. Modifications are achieved relatively readily when faulty patterns of behaviour have not become firmly established yet.

Often, after completion of the initial examinations, a relatively few interviews of the mother with the Psychiatric Social Worker are sufficient, and the child need not attend at the clinic again. In other instances, short courses of treatment, weekly attendances at a clinic for periods of from three to six months, allow the child to resume his normal course of development. As in all treatment, the aim is to strengthen or renew the parents' confidence in their ability to care for their children.

We feel, generally, that it is justifiable to "refer when in doubt" and would say that this applies especially in the cases of young children.

Staffing.

Name	Duties	Attending at
Dr. E. Simmons ...	Psychiatrist ...	All Clinics, except Holyhead.
Miss C. S. Sim ...	Child Therapist ...	Colwyn, Rhyl and Wrexham.
Dr. G. A. V. Morgan	Educational Psychologist	Bangor, Colwyn, Blaenau Ffestiniog and Holyhead
Mrs. M. E. Jones	Educational Psychologist	Rhyl and Wrexham.
Mr. J. S. Midwinter	Psychiatric Social Worker	Colwyn, Bangor and Holyhead.
Miss M. K. Pretty	Psychiatric Social Worker	Rhyl and Wrexham.
Miss R. M. Oliver	Psychiatric Social Worker	Blaenau Ffestiniog, Colwyn and Rhyl

Sources of Referral.

The following table will give a picture of the extent to which various agencies used the Service. All children referred during the year are included, but not all of them were examined,

Referring Agency	COUNTIES						Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	
School Medical Officers	24	75	23	22	13	—	157
General Practitioners	2	12	23	17	4	1	59
Consultant Paediatricians	5	10	10	5	—	1	31
Other Medical Specialists	—	1	8	1	1	—	11
Courts and Prob. Officers	1	2	11	10	—	—	24
Other Social Workers	—	3	20	5	—	—	28
Parents	1	3	2	3	—	—	9
All Agencies	33	106	97	63	18	2	319

The two Montgomeryshire children shown in the Table were aged 10 and 7 respectively. They were seen for diagnostic purposes only, one at the Dolgelley Clinic and the other at the Wrexham Clinic. In all following tables they are shown under Merioneth.

Likely Scholastic success.

The scholastic success likely to be achieved by the children in the various I.Q. ranges may be gathered from the following:

- I.Q. under 55: Unlikely to benefit from education, in the sense in which this word is normally used. Suitability for attendance at a "Training Centre" has to be determined.
- 55 to 69: Require, and likely to benefit from, education in a special school.
- 70 to 84: Require, and likely to benefit from, education in special class.
- 85 to 114: Of low average, average and high average ability.
- 115 to 129: Of superior ability.
- 130 & over: Of outstanding ability.

Limited Value of "I.Q. Figure."

It should be stated that an "I.Q. figure" has only a limited value. It is used to express the result of a test given to a child but it does not represent all that could be said about his intelligence and his abilities. Group tests and singly applied non-verbal or performance tests, similarly can only act as pointers.

We have to give Individual Intelligence Tests, usually composed of groups of sub-tests, and supplemented by whatever additional special tests may be required, if we are to make a reliable assessment of a child's present, and his potential future, abilities. Observation in the

"standardised test situation" and correct interpretation of his total behaviour there are also always needed and of no lesser importance than the tests themselves. In our work, in addition, the views of the Psychiatrist after his interview with the child are required not infrequently before the likely true value of test results can be assessed.

Summary of Attendances and Visits.

	First	Further	Total
1. (a) Attendances of children at clinics: (as returnable to Regional Hospital Board—one attendance only can be registered, even if two or more workers are involved)	260	1,020	1,280
(b) Examination of children elsewhere ...	18	—	18
(c) Attendances of Adults	20	4	24
			1,322
2. Psychiatrists (at Clinics).			
Number of children seen	247	—	247
Psychiatrist and Child Therapist (at Clinics)		806	806
			1,053
3. Psychologists.			
Number of children examined	264	223	487
Number of visits to schools			161
Number of visits to other social workers			9
4. Psychiatric Social Workers.			
Number of mothers, fathers, or guardians seen at clinics	220	704	924
Number of visits to homes			265
Number of visits to other social workers			49

E. SIMMONS,

Consultant Child Psychiatrist."

Speech Therapy.—Mrs. Ward has continued to give excellent service throughout the year. Her services are very much appreciated by the parents and teachers. Mrs. Ward is a person who is able to get the best out of the children referred to her. By regular contact with the teaching staff, she is able to give help and advice on follow-up and handling of pupils at schools.

Condition of Cases (31.12.55).

1. Stutterers.							
(a) Improved	...	...	...	...	...	...	6
(b) No improvement	...	...	...	...	...	...	2
2. General dyslalia.							
(a) Improved	...	...	...	...	...	...	7
(b) Improved—on observation	...	...	...	...	...	...	2
3. Multiple dyslalia.							
(a) Improved	...	...	...	...	...	...	1
4. Sigmatism.							
(a) Improved	...	...	...	...	...	...	2
5. Cleft palate speech.							
(a) No improvement—lack of attendance	...	...	...	...	...	...	1
6. Spastic quadruplegia.							
(a) Very slight progress	...	...	...	...	...	...	1
7. Partial deafness.							
(a) Improved—very erratic attendance	...	...	...	...	...	...	1
Total	...	...	...	...	...	...	23

Discharged. Total 31.

Types of Cases.

Stutterers	...	...	...	...	...	...	15
General dyslalia	...	...	...	...	...	...	7
Simple dyslalia	...	...	...	...	...	...	1
Cleft palate speech	...	...	...	...	...	...	2
Dysarthria	...	...	...	...	...	...	1
Infantile perseveration	...	...	...	...	...	...	1
Speech therapy unnecessary	...	...	...	...	...	...	1
Non-attendance of first interview	...	...	...	...	...	...	2
Family moved before child could attend	...	...	...	...	...	...	1
Total	...	...	...	...	...	...	31

Condition on Discharge.

1. Stutterers.							
(a) Speech normal	...	...	...	...	...	...	11
(b) Improved—attendance too erratic to benefit further	...	...	...	...	...	...	4
2. General dyslalia.							
(a) Speech normal	...	...	...	...	...	...	4
(b) No improvement—non-attendance	...	...	...	...	...	...	2
(c) Parents object to treatment	...	...	...	...	...	...	1
3. Simple dyslalia.							
(a) Improved—too erratic attendance to benefit further	...	...	...	...	...	...	1
4. Cleft palate speech.							
(a) Improved—family moved to Cardiff	...	...	...	...	...	...	1
(b) No improvement—non-attendance	...	...	...	...	...	...	1

5. **Dysarthria.**

(a) Improved—too erratic attendance to benefit further	...	...	...	...	...	...	1
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6. **Infantile perseveration.**

(a) Speech normal	...	...	...	...	...	...	1
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7. Speech therapy unnecessary	...	...	...	...	...	...	1
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8. Non-attendance of first interview	...	...	...	...	...	...	2
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9. Family moved before child could attend	...	...	...	...	...	...	1
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Total	...	...	...	...	...	...	31
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Speech Therapy Clinics have been held on Tuesday morning from 1st January, 1955 to 17th November, and since then have been held all day on Tuesdays. There was a short period in August when no Clinics were held in Mold.

Attendance, on the whole has been excellent, and the parents and patients have worked very well, though there are some transgressors who attend only erratically and do little of the given work involved in treatment, and by so doing, they greatly hinder their own progress, and it is not always the children, but the parents who are responsible for this.

As usual, the co-operation and help from both educational and medical staff in the area has been excellent and it is much appreciated by the Therapist.

PRESTATYN CLINIC

Number of Cases dealt with:

Current Cases	...	...	...	...	...	...	...	30
Discharges	...	...	...	...	...	...	...	44
Total	...	...	...	...	...	...	...	74

Current Cases.**Types of Cases.**

Stutterers	...	...	...	...	...	...	...	11
General dyslalia	...	...	...	...	...	...	...	8
General dyslalia and hyporhyndalia	...	...	...	...	...	...	...	1
General dyslalia and stutter	...	...	...	...	...	...	...	1
Multiple dyslalia	...	...	...	...	...	...	...	2
Multiple dyslalia and dysarthria and stutter	...	...	...	...	...	...	...	1
Sigmatism	...	...	...	...	...	...	...	3
Rotarism	...	...	...	...	...	...	...	1
Cleft palate	...	...	...	...	...	...	...	1
Partial deafness	...	...	...	...	...	...	...	1
Total	...	...	...	...	...	...	...	30

Condition on Discharge.

1. Stutterers.		
(a)	Speech normal	5
(b)	Improved—attendance too erratic to benefit further	4
(c)	Improved—having further treatment in Denbighshire, place of residence	1
(d)	Parents do not wish for treatment	1
2. General dyslalia.		
(a)	Speech normal	5
(b)	To have treatment in Denbighshire place of residence	1
(c)	Non-attendance of first interview	1
(d)	Parents do not wish for treatment	1
3. General dyslalia and stutter.		
(a)	Speech normal	1
(b)	No improvement—non-attendance after first interview	1
4. General dyslalia and gross dysarthria.		
(a)	No improvement—non-attendance after first interview	2
5. Multiple dyslalia.		
(a)	Speech normal	1
(b)	No improvement—non-attendance after first interview	2
6. Simple dyslalia.		
(a)	No improvement—non-attendance after first interview	1
7. Rotarism.		
(a)	Speech normal	1
(b)	Defect so slight, only noticeable in a few words in Welsh and patient prefers not to have treatment	1
8. Alalia.		
(a)	Speech normal	1
(b)	No improvement—too mentally backward to benefit	1
9. Cleft Palate.		
(a)	Speech normal	1
(b)	Non-attendance of first interview	1
10. Speech Therapy unnecessary		2
11. Household removed from district before first interview		2
12. Non-attendance of first interview		5
13. Parents do not wish for treatment (unclassified cases)		2
Total ...		44

This clinic has been held on Wednesdays throughout the year, apart from a period from 3rd August to 2nd November.

There is evidence in this area now of much greater interest and more co-operation from parents and more regular attendance for patients than has been enjoyed previously. Even so, a few remain who show no interest at all, as is noted in the statistics.

The Therapist has received much help from many of the medical and teaching staff and in particular Mr. Matthew Jones, Headmaster, of Glyndwr Modern Secondary School, Rhyl, who so kindly lent a tape recorder for some months, at inconvenience to his own work. This was most appreciated, as is his great interest and encouragement in the work of Speech Therapy.

SHOTTON CLINIC

Number of Cases dealt with:

Current Cases	...	...	...	...	...	...	16
Discharges	...	...	...	...	...	...	25
						Total	41

Current Cases.

Types of Cases.

Stutterers	...	...	...	...	...	...	2
Stutter and partial deafness			...	...	...	...	1
General dyslalia	...	...	...	...	...	...	5
General dyslalia and dysarthria			...	...	...	...	2
Sigmatism	...	...	...	...	...	...	2
Simple dyslalia and dyslexia			...	...	...	...	1
Multiple dyslalia	...	...	...	...	...	...	1
Idioglossia	...	...	...	...	...	...	1
Spastic quadruplegia		...	...	...	...	...	1
					Total	...	16

Condition of Cases (31.12.55).

1. Stutterers.

(a) Improved	...	...	...	...	...	2
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2. Stutter and partial deafness.

(a) Improved	...	...	...	...	...	1
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3. General dyslalia.

(a) Improved	...	...	...	...	...	5
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4. General dyslalia and dysarthria.

(a) Improved	...	...	...	...	...	2
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5. Stigmatism.

(a) Improved	...	...	...	...	...	1
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(b) No improvement—non-attendance	...	...	1
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6. Simple dyslalia and dyslexia.

(a) Improved	...	...	...	...	...	1
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7. Multiple dyslalia.

(a) Improved	...	...	...	...	...	1
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8. Idioglossia.

(a) No improvement	...	...	...	...	1
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9. Spastic quadriplegia.

(a) Improved	...	...	...	...	...	1
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Total	...	16
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Discharges. Total 25.

Types of Cases.

Stutterers	...	...	...	...	...	...	4
General dyslalia	...	...	...	...	...	...	4
General dyslalia and stutter	...	...	...	...	...	...	1
General dyslalia and dysarthria	...	...	...	...	...	...	3
Multiple dyslalia	...	...	...	...	...	...	2
Simple dyslalia	...	...	...	...	...	...	5
Alalia	...	...	...	...	...	...	1
Speech therapy not necessary	...	...	...	...	...	...	2
Non-attendance of first interview	...	...	...	...	...	...	3
Total							25

Condition on Discharge.

1. Stutterers.							
(a)	Improved—receiving treatment at Birkenhead	...	...	...	...	...	1
(b)	No improvement—too erratic attendance to benefit	...	...	...	...	...	2
(c)	Non-attendance of first interview	...	...	...	...	...	1
2. General dyslalia.							
(a)	Speech normal	...	...	...	...	...	4
3. General dyslalia and stutter.							
(a)	Speech normal	...	...	...	...	...	1
4. General dyslalia and dysarthria.							
(a)	Speech normal	...	...	...	...	...	1
(b)	Improved, but too erratic attendance to benefit further	...	...	...	...	...	2
5. Multiple dyslalia.							
(a)	Speech normal	...	...	...	...	...	2
6. Simple dyslalia.							
(a)	Speech normal	...	...	...	...	...	3
(b)	No improvement—too mentally backward to benefit	...	...	...	...	...	1
(c)	Parents do not wish for treatment	...	...	...	...	...	1
7. Alalia.							
(a)	No improvement—too mentally backward to benefit	...	...	...	...	...	1
8. Speech normal on first interview							2
9. Non-attendance of first interview							3
Total							25

This clinic has been held on Thursday mornings throughout the year, and, as is found in most industrial areas, has been most regularly and well attended on the whole, and the co-operation from the homes excellent.

Condition of Cases (31.12.55).

1. General dyslalia and stutter.							
(a) Improved	...	...	...	...	...	...	1
2. General dyslalia.							
(a) Improved	...	...	...	...	...	...	2
3. Spastic quadruplegia.							
(a) Very little progress (on observation)	...						1
Total	...						4

Discharges.**Types of Cases.**

General dyslalia	...	...	...	...	...	...	3
Rotarism	...	...	...	...	...	...	1
Total	...						4

Condition on discharge.

1. General dyslalia.							
(a) Speech normal	...	...	...	...	...	...	2
(b) Too mentally backward to benefit and no improvement seen	...	...	...	...	...	...	1
2. Rotarism.							
(a) Speech normal	...	...	...	...	...	...	1
Total	...						4

From 11th January, 1955, the first Speech Therapy Session was held at Hanmer School, and since that date has been held on alternate weeks with the Tallarn Green Clinic, apart from school holidays and a break from 24th July to 17th November.

Interest and help from the capable parents in this area has been good, and the co-operation from the headmasters and teachers of both schools has been most valuable.

The difficulty of working in this part of the County is really the lack of transport between villages so reducing the radius in which children can be treated in one place, but in the next year the Speech Therapist hopes to be able to widen the coverage of cases in this area.

The year 1955-56 has been a rather specially satisfactory one from the point of view of Speech Therapy. The service has been established nearly four years and is now accepted by all who come in contact with it, and interest continues to grow as the work goes on. No longer do the mothers bring their children, knowing nothing and feeling cautious as to the outcome of the treatment, but they come interested and friendly and ready to co-operate all they can in carrying out treatment at home. The Therapist feels that this is a most important milestone, for it shows the transition, from the scepticism arising from ignorance, to the acceptance and co-operation for progress in the cause of establishing better mental and physical health of the next generation.

Again, as in past years, the therapist has received enormous help from all medical and educational office staff, and especially that invaluable group of workers, the Health Visitors. The Therapist would also like to thank Dr. G. W. Roberts for his great interest, help and guidance in the work of Speech Therapy, which gives so much encouragement to her; and also to Dr. E. Pearse, who so bravely finds some solution to the really problematical cases for referral.

The year has been made memorable by the purchase of a tape recorder, an invaluable necessity to the work of Speech Therapy.

RUTH E. WARD, L.C.S.T.

TABLE 4 (continued).

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	250	103
(b) Other :—		
(1) Cervical glands	2	25
(2) Heart and circulation ...	1	15
(3) Lungs	22	97
(4) Development	—	19
(5) Nervous system	5	36
Total ...	280	295

Dental Inspection and Treatment.—The following statistics in Table 5 relate to the work carried out by three full-time Dental Officers and two part-time Dental Officers until 31st July, 1955. From the 31st July, 1955 until the 31st August, 1955 by two full-time Officers and two part-time Officers. After the 31st August two full-time Officers and one part-time Officer were employed. The part-time Officers conducted 299 three-hourly sessions.

In addition to the statistics that follow, I have pleasure in appending the report of Mr. Fielding, Principal School Dental Officer.

SCHOOL DENTAL SERVICE.

" During 1955 the greater part of the programme we planned for the year has been carried out, though the recruitment of full-time or even part-time Dental Officers still remains our biggest problem.

Mr. N. A. James, who commenced full-time duty at Shotton on the 1st January, left at the end of July. We have, however, been able to keep the Shotton Clinic open two and a half days a week by making available the services of Mr. J. S. Selwyn, a Part-time Dental Surgeon, who was formerly in the Mold area.

The Prestatyn Dental Clinic has been re-opened after several years, and most of the schools in the area inspected and treated. The acceptance rate was low but that must be expected after so many years absence, especially in an area where parents who wish may obtain treatment for their children from local practitioners.

We regret the departure of Mr. W. B. Glynn Jones through ill-health. He had been connected with the School Dental Service for many years, latterly on a sessional basis as anaesthetist. We wish him a speedy recovery. Dr. Prudence K. Owen has taken his place as anaesthetist in the eastern part of the County and Dr. J. Griffiths has helped out with anaesthetics at Prestatyn.

So far the schools in the Rhyl area have not been examined. It was decided to wait until clinic facilities could be provided in Rhyl as it was felt that few children would be prepared to travel to Prestatyn when they could receive treatment in Rhyl from local practitioners.

The Maelor area was visited in May and June, inspections were carried out in the schools, and transport provided to bring children requiring extractions to the Institute at Penley. If, at a later date, clinic facilities are provided, we hope to make available a more comprehensive service.

A limited amount of Orthodontic treatment has been carried out, and we hope to arrange for an Orthodontic Specialist to visit the County on a sessional basis in the new year, so that children requiring specialist treatment will not have to wait for periods of up to six months or more, or visit centres outside the County.

A certain amount of denture work has been done during the year and has been very much appreciated, particularly where front teeth have been involved, as in the past not only have appearances been spoilt but in some cases the fitting of a denture at a later date has been impossible without further extractions.

During the year we have tried to spread our service throughout the County, rather than concentrate on the eastern clinics, so that all areas receive some treatment, even if not as comprehensive as we should have liked it to have been.

A. FIELDING,

Principal School Dental Officer."

E.—SCHOOL PREMISES.

At the time of periodic medical inspection of pupils, assistant medical officers inspect the sanitary conditions of the schools, and report matters which are unsatisfactory. In addition, the County Sanitary Inspector also visits, and in some areas the District Sanitary Inspectors also inspect.

Reports on unsatisfactory conditions such as overcrowding, lack of adequate cloakroom and lavatory accommodation, inadequate heating, unsuitable desks, etc., etc., are forwarded to the Director of Education and at the same time to the County Architect, who can often give immediate attention to the more urgent defects without having to wait for the report to be presented to the appropriate Committee.

F.—SCHOOL MILK.

Milk is a very valuable supplement to the diet of children and the provision of milk in schools had contributed to the improved standard of nutrition and health of children in recent years.

* Every possible care has been taken to ensure that the milk has been free of infection and of good quality.

During the year 160 samples of school milk were taken by Mr. Lewis, the County Sanitary Inspector, for chemical and bacteriological examination.

All milk supplied to schools in the County is pasteurised.

I have pleasure in appending a brief report from Mr. Elwyn Lewis, the County Sanitary Inspector :—

“ Schools.

One hundred and sixty samples of milk were taken during the year for chemical and bacteriological analysis. All samples, with the exception of three were found to be genuine. Traces of water were found in these samples and a warning letter was sent to the distributor, whose premises were situated in an adjoining county.

All school milk is pasteurised.

School Meals.

When the new Food Hygiene Regulations come into operation in 1956, all school canteens and kitchens will be placed in the same category as food premises, cafes and restaurants, and will have to comply with the requirements of these regulations.

The Food Hygiene Regulations deal with every aspect of the hygienic handling of school meals and their preparation, storage and distribution.

Among other things, they include provision for the personal cleanliness and health of the food handlers, cloak room accommodation, first aid equipment, provision of separate wash hand basins with hot water supply and towels and for notices to be displayed requesting the staff to wash their hands after using the conveniences, etc.

There are one hundred and twenty-three canteens and kitchens in the County and it is realised that it will cost money to bring these premises up to a minimum standard to comply with the requirements of the regulations. The requirements are compulsory and the Local District Councils' Sanitary Inspectors will have the power of enforcing them.

During the year under review, inspections were made of the school meals canteens and attention was paid to the structural condition of the premises, the hygienic handling, storage and distribution of the food, the cleanliness of utensils and crockery, the storage and disposal of waste food, staff cloak rooms and conveniences.

Lectures were given to the kitchen staffs by the Medical Officer of Health and myself on clean food handling. The butchers supplying meat to our schools were invited to attend these lectures and it was gratifying to note that a number attended.

Samples of food-stuffs were taken at intervals and submitted for chemical and bacteriological analysis. Among these food-stuffs were ice-cream samples; ice-cream is sometimes served as a sweet during the summer months. All samples were found to be genuine.

Inspections were also made of some of the butchers premises supplying the meat to the School Meals Service. There is complete co-operation between the School Meals Manager and myself.

E. LEWIS,

County Sanitary Inspector."